Health and Wellness

BUSINESS PLAN 2005-08

ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2005 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of March 21, 2005 with material economic or fiscal implications of which I am aware have been considered in preparing the business plan.

The Ministry's priorities outlined in the business plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.

[Original Signed]

Iris Evans, *Minister of Health and Wellness*
March 24, 2005

THE MINISTRY

The Ministry consists of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). This business plan sets out strategic changes, improvements and activities for both components of the Ministry in the three years ahead. The Ministry business plan guides the department operational plans. Supplementary information on AADAC's business plan is in the appendix. This business plan is also a framework for development of three-year health plans and one-year business plans by health authorities.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this business plan will be reported in the *2005-06 Annual Report for Alberta Health and Wellness*. A more detailed description of how the health system in Alberta works today can be found on our website at

www.health.gov.ab.ca/resources/publications/health_system_works.htm.

VISION

Albertans are healthy and live, work and play in a healthy environment.

MISSION

Provide leadership and work collaboratively with partners to help Albertans be healthy and respond to opportunities and change.

Support individuals, families and service providers in making the best decisions about their health.

LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The Health and Wellness business plan is aligned with and supports the "Unleashing Innovation" and "Making Alberta the Best Place to Live, Work and Visit" key opportunities of the Government of Alberta 20-Year Strategic Plan.

The Ministry significantly contributes to the following medium-term strategies:

- Alberta Tobacco Reduction Strategy
- Water for Life: Alberta's Strategy for Sustainability

The Health and Wellness business plan links to the government business plan through goal 5:

- Albertans will be healthy

The Health and Wellness business plan also supports the following government business plan goals:

- Alberta's children and youth will be supported in reaching their potential (goal 4)
- Albertans will be self-reliant and independent and those unable to provide for their basic needs will receive help (goal 6).

MINISTRY OVERVIEW

HEALTH AND WELLNESS OF ALBERTANS - A SHARED RESPONSIBILITY

Albertans are an integral part of the health system; each one of us has a role. There are many incentives in place in our schools, workplaces and communities to promote healthy choices. We need to build on these, to give every Albertan the knowledge, skills and opportunities to make healthy choices.

In addition to the role of individual Albertans, health authorities[1], service providers and the Ministry also have roles and responsibilities that are both distinct and complementary. Health authorities and service providers are responsible for the planning and delivery of quality health services within their respective areas of jurisdiction. This role includes assessing needs, setting priorities, allocating resources and monitoring performance for the continuous improvement of health service quality, effectiveness and accessibility. The opportunity to develop partnerships and to coordinate the delivery of services with other community agencies is of significant importance to the total health care system.

EFFICIENT AND EFFECTIVE COORDINATION OF HEALTH AND WELLNESS SERVICES

Health and Wellness provides a health care system recognizing that many health determinants lie outside the health care system. The economic and social responsibility for the health determinants is shared by individual Albertans, communities, industry, and the provincial and federal governments.

The Ministry's role is to provide strategic direction and leadership to the provincial health system. This role includes developing the overall vision for the health system, defining provincial goals, objectives, standards, policies, encouraging innovation, setting priorities and allocating resources within the framework of provincial health legislation. The role is to assure accountability and balance health service needs with fiscal responsibility.

[1] The term, health authorities, refers to the nine regional health authorities, the Alberta Cancer Board and the Alberta Mental Health Board.

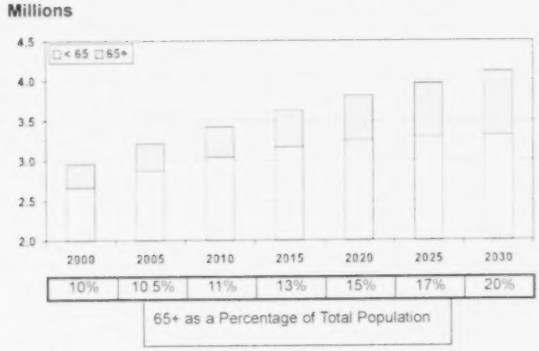
SIGNIFICANT OPPORTUNITIES AND CHALLENGES

The Government of Alberta regards the health and well being of Albertans as the most important resource for the future. While Alberta is home to one of Canada's best health systems, Health and Wellness is always seeking ways to improve how it performs and serves Albertans.

Recent innovations in key areas have laid the foundation for improved accessibility, integration and cost-effectiveness. Health Link Alberta, a province-wide information system, has been implemented to provide health advice to Albertans 24 hours a day, seven days a week. One call will connect you to a registered nurse who can answer your questions and give you sound health advice whenever you need it. Local Primary Care Initiatives are being established so that Albertans will have access to a comprehensive range of health services. The new Mental Health Innovation Fund will help regional health authorities[2] implement the provincial mental health plan. AADAC will continue to coordinate implementation of the Alberta Tobacco Reduction Strategy, focusing on youth and young adult prevention and cessation. To maintain this, we need to continue to respond to:

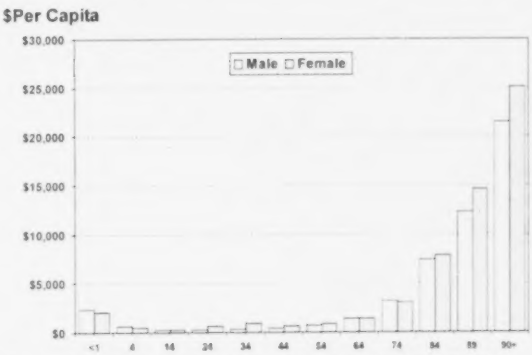
CHALLENGES	OPPORTUNITIES
Population Growth and Changing Demographics: Currently 10% of Alberta's population is 65 years of age and over and this percentage is expected to increase to 13% by 2016 and 20% by 2030. Alberta has one of the youngest populations in Canada. Aging will become a challenge later than in other provinces. The effect of aging contributes approximately 1% to annual health expenditure growth, but the larger cost driver is the expansion of services provided to seniors. See following graphs. Additionally, Alberta's population is shifting from rural to urban centres and the province has one of the highest population growth rates of approximately 1.5% per year.	**Foresight and Innovation:** Demographic shifts are predictable and we are preparing for the needs of the future while addressing the needs of today. Through innovative technology such as Telehealth and the Critical Care Line we are better able to meet the needs of rural and remote communities. Alberta's excellent health care contributes to our longer life expectancy. We have an opportunity to implement a variety of innovative care options for frail elderly and fragile people in collaboration with government ministries, health authorities and other stakeholders that will benefit Albertans over the next 20 years.

Alberta Population Projections
Five-year intervals under 65 and 65+
2000-2003 actual, 2004-2030 projections



Sources: Historical from Population Registry.
Projections based on Finance growth rates.
Prepared by: Alberta Health and Wellness, January 2005.

Per Capita Regional Health Resource Consumption
2004-05 by age and gender, based on 2002-03 activity



Per capita rates as calculated for RHA Global Funding (excludes Province-Wide Services, Cancer Board and Mental Health)
Full premium paying population plus all over 65.
Prepared by: Alberta Health and Wellness, January 2005.

[2] The term, regional health authorities, refers only to the nine health regions and does not include the two provincial health boards.

CHALLENGES	OPPORTUNITIES
Emerging Technologies and Pharmaceuticals: Technological change is a major cost escalator in Canada's health systems accounting for an estimated one quarter of health expenditure growth. Promising results from clinical trials of new drugs create expectations of public funding.	**Collaboration:** We will work with health authorities, health care providers, and federal, provincial and territorial colleagues to support a consistent, evidence-based approach for the evaluation of technology and pharmaceuticals. This approach will consider clinical benefits, cost effectiveness and ongoing benefits to patients and the health care system. The role of government is to evaluate new emerging technologies and pharmaceuticals and ultimately decide which of these will be publicly funded. We will also explore and evaluate the extent of drug insurance coverage, including pharmacare, to ensure all Albertans have access to quality pharmaceutical services.
Workforce Shortages: A quality health system requires an adequate supply of competent and progressive health care workers. The workforce is aging and the work environment is continually changing. For example, in Alberta, 35% of Registered Nurses are over the age of 50 and 20% are 35 and under. This means that the workforce will shrink resulting in increased wait times and reduced access for patients. An aging workforce also experiences higher injury rates (e.g., back injuries).	**Partnerships:** Continue to work with post-secondary institutions, the health authorities and professional associations on plans and initiatives to educate, recruit, remunerate and retain the needed health workforce. Work with health professions to expand scopes of practice within the *Health Professions Act* and maximize utilization of staff resources.
Quality of Health Services: Albertans have identified that the quality of services is of concern. In a recent survey four specific issues were highlighted.[3] Albertans want improved access to health care services, coordination of care among health care providers to meet patient needs and their complaints listened to and handled. Albertans also are concerned with patient safety.	**Strategic Investments:** Improve access and quality. Integrate health information management systems. **International Symposium on Health:** Provide an opportunity to profile best practices and innovative examples to allow for an informed dialogue on accessibility and quality health care.
Health Spending: Health spending balanced with an accessible quality health care system. Health care spending has been increasing 2-3 times faster than the provincial GDP.	**Accountable Spending:** Spending on all initiatives will focus on effective and efficient resource utilization, and continuous quality improvement of services.
Public Health Risk: The capacity to deal with known (e.g., SARS, West Nile virus) and unknown emergent public health risks (e.g., pandemic influenza).	**System Readiness and Flexibility:** Enhance capacity to respond to public health risks through planned collaboration with health authorities, providers and federal, provincial, territorial and municipal governments.
Aboriginal Health: Alberta's growing Aboriginal population has a variety of health challenges. Delivery of health services to remote or isolated Aboriginal communities is a challenge as is the provision of culturally appropriate services within the health care system.	**Investment:** Continue to implement and expand strategies to improve Aboriginal health in collaboration with Aboriginal leaders, health authorities, service providers, provincial and federal governments. Continue to support the Cross-Ministry Aboriginal Policy Initiative.

3 Satisfaction with Health Care Services: A Survey of Albertans 2004 Final Report. Health Quality Council of Alberta. November 2004.

CHALLENGES	OPPORTUNITIES
Mental Health: One in five Canadians is affected by mental illness during their lifetime. The overall prevalence of mental illness in Canadian children and adolescents at any given point in time is about 15%. Mental illness can have a significant economic impact on individuals, their families, the health care system as well as the workplace and broader social system.	**Collaboration:** Collaborate with health authorities, service providers, and ministries to support regional implementation of the Provincial Mental Health Plan. The Mental Health Innovation Fund will improve mental health services in the province and improve patient access. Partners are addressing gaps in child and adolescent mental health services. Support the interdepartmental family violence prevention initiatives.
Addiction: Addictions affect all Albertans. Alcohol is the most frequently used drug in Alberta, and it is the drug most commonly associated with acute and chronic health and social problems. However, multiple drug use, new drugs and increased gambling opportunities are of concern, particularly among youth.	**Investment and Collaboration:** Continue to provide province-wide addiction services for Albertans. AADAC will lead the collaborative development of an Alberta Drug Strategy, enhance provincial adolescent treatment services, and will collaborate with stakeholders to enhance services to those with addiction and mental health problems.

STRATEGIC PRIORITIES 2005-08

The Ministry's strategic priorities for the next three years have been identified. These priorities are in addition to the important ongoing core activities of the Ministry.

1. **Health system innovation.**

   Linkage:

   To deliver the best possible care with the resources available will require foresight, collaboration and partnerships, and strategic investments. The following areas identify opportunities for investments to fill service gaps now, and to find better ways to deliver services in the future:

   Goal 4

   Primary health care - Implement the agreement with the Alberta Medical Association and regional health authorities to enhance access to primary health care throughout Alberta. This will help ensure that we can meet Albertans' expectations that services will be available when needed and provided in an effective and coordinated manner.
   Responsibility: Alberta Medical Association, Regional Health Authorities, and Health and Wellness.

   Goal 1

   Promotion and prevention - Encourage Albertans to take greater personal responsibility for their own health and wellness. By choosing healthier lifestyles Albertans will be able to prevent or delay the onset of chronic conditions. Healthy eating and active living, combined with decisions that reduce personal health risks, will improve quality of life and long-term health outcomes and decrease demands on the health system.
   Responsibility: Individual Albertans, Service Providers, Alberta Cancer Board, Alberta Alcohol and Drug Abuse Commission, Health Authorities, Health and Wellness, and other Ministries.

   Goal 3

   Community care - Expand community-based care as an effective alternative to high-cost acute care provided in traditional hospital settings. By strengthening community-based care, seniors, persons with disabilities, and those with addictions and mental health needs will be able to receive the care they need on a timely basis in their communities.

   - **Continuing care** - Continue implementing strategies which provide Albertans with quality continuing care services supported in home/home-like settings.

- **Sub-acute home care** - Home care is a cost effective means of delivering services; an expansion of the services covered by home care will reduce wait times by making hospital beds available for those who are more seriously ill.
- **Mental health** - The Provincial Mental Health Plan sets a new direction for the future of mental health services in Alberta - a direction that will see mental health services integrated into the overall health care system of the province. The new Mental Health Innovation Fund will help the regional health authorities develop local initiatives to improve services for people with mental illness with a top priority placed on programs for youth.
- **Aboriginal health** - Address rural and urban issues that affect Aboriginal health status. Use culturally appropriate health system approaches.
- **Youth addictions treatment and prevention** - Thirty-two per cent of Alberta's youth report using one or more illicit drugs (e.g., cannabis and club drugs which include ecstasy and crystal methamphetamine). Counseling and treatment services will be expanded to respond to requests for youth-specific detoxification and residential treatment.

Responsibility: Individual Albertans, Service Providers, Alberta Alcohol and Drug Abuse Commission, Health Authorities, Health and Wellness, and other Ministries.

Goal 3

Access - Reduce waiting times for elective surgery and improve access to primary care, sub-acute home care and pharmaceuticals with enhanced federal funding.
Responsibility: Health Authorities, Health and Wellness, and Physicians.

Goal 6

Pharmaceuticals and new medical technology - Collaborate with other provinces and partners (e.g., Canadian Coordinating Office for Health Technology Assessment and the Common Drug Review) to manage the growing costs of emerging technologies and pharmaceuticals. Albertans have benefited from the introduction of new technologies and pharmaceuticals. These opportunities come at a cost and the challenge is to determine which investments will give the best results. Health and Wellness will work with health authorities and health care professionals so that the right technologies and drugs are used at the right time and for the right condition. It is important that all Albertans have access to quality pharmaceutical services regardless of their financial situation. Therefore, the department will also explore and evaluate the extent of drug insurance coverage, including pharmacare.
Responsibility: Health Authorities, Health and Wellness, Physicians, and Federal, Provincial and Territorial Governments.

Goal 6

Innovative Information Systems - Enable accurate diagnosis and treatment for better, safer patient care. The health of Albertans is dependant on many factors, including the rapid and accurate collection and transmission of critical health information. Provincial information technology systems enable future health system innovation and efficiency. For example, the Electronic Health Record ensures consistent and pertinent patient information is available to all health service providers. By January 2008, every Albertan will have an electronic health record. A new client registration system will improve security, minimize fraud and identify eligible persons to receive health services.
Responsibility: Service Providers, Health Authorities, Health and Wellness, and Pharmacists.

Goal 4

Health workforce recruitment and retention - Work with our partners to ensure that Alberta has the right mix and enough health providers to meet current and future needs.
Responsibility: Health Authorities, Post-Secondary Institutions, Human Resources and Employment, Professional Associations, and Health and Wellness.

Goal 1

Cross-Ministry Initiatives - Enhance the sustainability of the health system now and in the future by strengthening policy integration and collaboration across Ministries.

- Health Innovation and Wellness Initiative (Champion Ministry)
- Aboriginal Policy Initiative
- Alberta Children and Youth Initiative (Champion Ministry)
- Economic Development and Innovation Initiative
- Leading in Learning and Skill Workforce Initiative

Responsibility: All Ministries and Community Stakeholders.

2. Strengthen public health risk management capabilities.

Albertans want to know that their health system is prepared and able to protect them from risks to their health. Recent events such as the outbreak of avian influenza, SARS and West Nile virus as well as a potential pandemic have reinforced the importance of strong public health programs. Albertans are partners in this effort. Key strategies for managing public health risks include:

Linkage:

Goal 2

Protect Albertans against communicable diseases - Strengthen and restructure system capacity to respond to public health issues and risks. Create a communications partnership with other ministries, municipalities, agencies, associations (e.g., Alberta Urban Municipalities Association, Alberta Association of Municipal Districts & Counties), and other stakeholders to ensure Albertans get timely information on how to protect themselves in case of a catastrophic event such as pandemic influenza.

Responsibility: Regional Health Authorities Medical Officers of Health, Alberta Urban Municipalities Association, Alberta Association of Municipal Districts and Counties, and Health and Wellness.

Goal 2

Protect Albertans from environmental health risks - Protect Albertans from health risks in the environment through education, regulatory enforcement and partnership with other agencies.

Responsibility: Regional Health Authorities, Environment, Energy and Utilities Board, Medical Officers of Health, and Health and Wellness.

CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

Core Business One: Advocate and educate for healthy living

GOAL ONE

Albertans make choices for healthier lifestyles

What it means

The health and wellness of Albertans is influenced by genetic factors, early childhood development, education, employment status, the environment and personal decisions about lifestyle behaviours. The Ministry provides health information to Albertans to promote healthy lifestyle and quality of life choices.

Strategies

1.1 Promote self-reliance by helping Albertans self-manage their health needs and make appropriate use of the health system through counseling and information services like Health Link Alberta and http://www.healthyalberta.com/

1.2 Collaborate with community stakeholders to strengthen the ability of individuals and communities to increase healthy behaviours and reduce the risk of disease, illness and injury.

1.3 Provide health and lifestyle information to help people make healthy choices to reduce the risk of disease and injury (e.g., Fetal Alcohol Spectrum Disorder, obesity, Sexually Transmitted Infections, HIV, etc).

1.4 Ensure that addiction information, prevention and treatment services are available province-wide.

1.5 Work with other ministries to target strategic health and wellness initiatives that address the health needs of children, youth, seniors, Aboriginal communities and Albertans with disabilities or who are disadvantaged.

1.6 Coordinate and integrate the department's leadership and the quality of its contribution to cross-ministry initiatives to ensure optimum strategic investments.

Performance Measures	Last Actual (year)	Target 2005	Target 2012
1.a **Self-reported health status:** Per cent of Albertans reporting they are in "excellent, very good or good health"			
Age 18 - 64	88% (2004)	90%	–
Age 65+	78% (2004)	80%	–
1.b **Life Expectancy:** Life expectancy at birth			
Male	77.5 yrs (2003)	78.0 yrs	–
Female	82.3 yrs (2003)	83.0 yrs	–
1.c **Birth Weight:** Per cent of low birth weight babies	6.2% (2000-02)	6.0%	5.5%
1.d **Exercise:** Per cent of Albertans age 12 and over who are "active or moderately active"	56% (2003)	60%	80%
1.e **Healthy Diet:** Per cent of Albertans age 12 and over who eat at least 5-10 servings of fruit and vegetables each day	39.1% (2003)	40%	50%
1.f **Healthy Weight:** Per cent of Albertans with a "healthy" body mass index (BMI)	47% (2003)	50%	55%
1.g **Diabetes:** Number of new cases of type 2 diabetes (per 1000 population at risk)			
General population	4.5 (2001)	4.3	4.1
First Nations population	9.0 (2001)	8.7	8.5
1.h **Alcohol Consumption:** Per cent of Alberta women who reported that they consumed alcohol during pregnancy	4.0% (2002)	3.5%	0%
1.i **HIV Rates:** Age adjusted rate of newly reported HIV cases (per 100,000 population)	5.2 (2004)	5.2	–
1.j **Sexually Transmitted Infections:** Rates of newly reported infections (per 100,000 population)			
Syphilis	1.45 (2004)	1.45	–
Gonorrhea	33 (2004)	35	–
Chlamydia	250 (2004)	260	–

Notes:

1.a Self-reported health status is a good indicator of the health and well-being of Albertans. How people rate their own health is affected by a variety of factors including chronic disease, disability, temporary illness and mental health.

1.b Life expectancy at birth indicates how long a newborn would be expected to live if health and living conditions remain unchanged. It reflects the health of the population and the quality of care they receive when sick.

1.c A low birth weight is 2500 grams or less. Low birth weight babies are more likely to have birth related complications, disabilities and other health problems. They are also at a greater risk of having developmental delays and health problems.

1.d-1.g Chronic diseases such as obstructive lung disease, cancer and diabetes are the leading causes of death in Alberta, and the greatest drain on our health care resources. The most common chronic diseases are linked by a few risk factors: unhealthy diets, lack of exercise, tobacco use and substance abuse. If we can make healthier choices we can move closer to the vision of Albertans are healthy and live, work and play in a healthy environment.

1.h Consuming alcohol during pregnancy can result in fetal alcohol spectrum disorder. A baby born with fetal alcohol spectrum disorder can have serious handicaps and therefore could require a lifetime of special care. Alberta's goal is to have zero per cent of women consume alcohol during pregnancy by 2012.

1.i-1.j Due to rising rates of all Sexually Transmitted Infections, a further rise is anticipated in both Sexually Transmitted Infections and HIV, potentially peaking in 2007 and then declining. These increasing rates are similar nationally and internationally. The targets represent a slowing in the rate of increase.

GOAL TWO 2 Albertans' health is protected

What it means The Ministry of Health and Wellness monitors the health system and provides leadership and planning for prevention services delivered through health authorities and other partners. As public health issues such as avian influenza gain attention worldwide, Albertans need to know their health system is ready and able to protect them. The Ministry provides support and leadership in the development of the overall provincial response and emergency plans to deal with outbreaks and health threats. These services help to protect Albertans from disease and injury.

Strategies

2.1 Reduce suicide and the risk of serious injury through education and targeted interventions in collaboration with other agencies. Work with AADAC, Children's Services and Solicitor General to reduce the number of youth suicides.

2.2 Protect Albertans against communicable diseases by strengthening the health system's capacity to prevent, be prepared for and respond to public health risks such as vaccine-preventable diseases, emerging threats like avian influenza and increases in sexually transmitted infections.

2.3 Protect Albertans from environmental health risks transmitted via air, water, food and physical environments through education, environmental and air quality monitoring, regulatory compliance and enforcement in partnership with other ministries.

2.4 Develop networks and initiatives that improve access to disease screening and prevention services such as the Alberta Stroke Network.

2.5 Work with other ministries on the Alberta Water Strategy to ensure safe and secure drinking water for Albertans.

Performance Measures	Last Actual (year)	Target (year)
2.a **Mortality rates:**		
Motor vehicle collisions (per 100,000 population)	12.2 (2003)	12 (2005)
Suicide (per 100,000 population)	13.9 (2003)	13 (2005)
2.b **Childhood immunization coverage rates** (by 2 years of age):		
Diphtheria, tetanus, pertussis, polio, Hib	76% (2002)	88% (2005)*
Measles, mumps, rubella	87% (2002)	98% (2008)
Pneumococcal and meningococcal	n/a	98% (2008)
2.c **Influenza vaccination:** Per cent of seniors who have received the recommended annual influenza (flu) vaccine	68% (2003-04)	75% (2005-06)
2.d **Screening rate for breast cancer:** Per cent of women age 50 to 69 screened for breast cancer within the recommended screening guidelines**	52.4% (2003)	58% (2005)

Notes:

2.a Raise awareness of the significant burden motor vehicle collisions and suicide have on society and assure Albertans that actions will be taken to impact these behaviours. Along with Alberta Infrastructure and Transportation and the RCMP, the Ministry funds and supports the work of the Alberta Occupant Restraint Program through the Alberta Centre for Injury Control and Research.

2.b Providing immunizations for childhood vaccine-preventable diseases is a major activity of the public health system. Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of coverage is needed to protect the entire community from outbreaks of these diseases. Immunizations also provide the parents of young children with the opportunity to obtain other needed health information and advice during clinic visits.
* Long-term target is 97% as outlined in the Alberta Immunization Manual, 2001 in accordance with national standards.

2.c Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among older Albertans, residents of long-term care facilities and those with certain chronic conditions. Illness and death from influenza is more likely in these populations, which affects acute care hospitals and emergency departments.

2.d Education and screening reduces the rate of breast cancer among women from 50 - 69 years of age. The screening rate for breast cancer is an appropriate indicator of the effectiveness of the health system to detect cancer as soon as possible.
** Mammographies done for diagnostic purposes are not included in this measure.

New Performance Measure under development:

The Alberta Cancer Board will be developing a screening program and measure for colorectal cancer. There are no data collected on a provincial basis at this time.

Core Business Two: Provide quality health and wellness services

GOAL THREE

Improved access to health services

What it means

Albertans expect health services will be accessible where and when they are needed. Working with health authorities and service providers, federal and provincial governments, Health and Wellness sets access standards for the health system. Improved access includes waiting time and geographic access standards and options in health services. These standards and their targets are as interconnected as the health system itself, and each target affects other health services.

Strategies

3.1 Provide for continuing care services that allow Albertans to "age-in-place" in their homes and communities.

- work with regions to coordinate access to continuing care services like nursing homes and home care;
- consolidate and modernize continuing care policy and regulations; and
- collaborate with Ministry of Seniors and Community Supports to address barriers/access to continuum of care and encourage innovation.

3.2 Find innovative and culturally appropriate ways to improve access to health services for all Albertans, especially populations who have not taken advantage of health services in the past.

3.3 Work with the Alberta Mental Health Board, Regional Health Authorities (RHAs) and other partners to support their community-based implementation of the Provincial Mental Health Plan.

3.4 Provide leadership on federal/provincial/territorial work to manage the growing cost of pharmaceuticals including the protection of Albertans from catastrophic drug costs.

Performance Measures	Last Actual (2004)	Last Actual 2004	Target 2005
3.a **Wait times:** Regional Health Authority achievement of wait time targets based on clinical urgency:*	50th percentile	90th percentile	90th percentile
Hip replacement	20 wks (Nov)	57 wks (Nov)	50 weeks
Knee replacement	24 wks (Nov)	61 wks (Nov)	50 weeks
Heart surgery (Coronary Artery Bypass Grafting)	1 week (Nov)	10 wks (Nov)	8 weeks
MRI	11 wks (Nov)	27 wks (Nov)	20 weeks
3.b **Number waiting for long-term care facility placement:**			
In acute hospital		267	224
Urgent cases waiting in community setting		339	299
3.c **Household spending on drugs:** Percentage of households spending over 5 per cent of household income after taxes on prescription drugs		2.5%	2.5%
3.d **Percentage of Albertans who have used Health Link Alberta**		23%	27%

Notes:

3a-3.b Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services. Albertans requiring emergency surgery are not placed on wait lists.

* Data obtained from the Alberta Waitlist Registry and does not include emergency surgical patients. Targets are set for the 90th percentile as it best represents the actual waiting experience of Albertans requiring these services.
50th percentile means 50% of patients waited that long or less. Please note this is provided as supplemental information and no targets are provided.
90th percentile means 90% of patients waited that long or less.

3.c Prescription drugs are a major component of health care and some treatments can be very expensive. In 2002, Alberta households spent less on prescription drugs than most Canadians. Compared to other provinces Albertans are younger on average and enjoy one of the highest average household incomes. As well, 73 per cent of Albertans have insurance coverage for prescription drugs through either a public or private plan.

3.d Health Link Alberta is a 24 hours a day, seven days a week service which provides Albertans with access to general health and service information from a registered nurse.

New Performance Measure under development:

Health and Wellness will be developing a measure to track access to children's mental health services.

GOAL FOUR

Contemporary health workforce

What it means Provide strong leadership to ensure that a qualified and integrated health workforce meets the current and future health care needs of Albertans.

Strategies

4.1 Lead health system stakeholders in the development and implementation of health workforce plans (e.g., Comprehensive Health Workforce Plan, regional health authority workforce plans, physician resource plans, Nursing Strategy and development of Health Workforce Information Network).

4.2 Work with key stakeholders on initiatives to provide education and training programs to develop the needed health workforce (e.g., implementation of the Health Care Aide Curriculum).

4.3 Provide leadership to key stakeholders on initiatives to recruit, retain and appropriately compensate the needed health workforce (e.g., Rural Physician Action Plan, Academic and Non-Academic Alternate Relationship Plans, physician on-call programs, Tri-lateral Master Agreement for physician services, Provincial Nominee Program).

4.4 Work collaboratively with regional health authorities, professional organizations and through the Tri-lateral Master Agreement structure to improve health care through innovations in service delivery and compensation with an emphasis on the development of multidisciplinary teams (e.g., Telehealth, Health Transition Fund projects, Alternate Relationship Plans, Primary Care Initiative).

4.5 Optimize efficient utilization of the health workforce by making better use of available competencies and skills of health care practitioners (e.g., Alberta International Medical Graduate program, increased use of nurse practitioners, Provincial Nominee Program).

4.6 Promote the use of multidisciplinary teams, and incent and enable health care practitioners to work collaboratively (e.g., Local Primary Care Initiatives, Alternative Relationship Plans, Telehealth program, implementation of the *Health Professions Act*).

4.7 Develop and implement regulations for health care providers under the *Health Professions Act* to enable health care practitioners to work to their full scopes of practice.

4.8 Increase rural access to health care practitioners and multidisciplinary teams (e.g., Rural Physician Action Plan, Telehealth program, Local Primary Care Initiatives, Rural On-Call program, Rural Locum Program).

Performance Measures	Last Actual (year)	Target (year)
4.a Number of physicians in Alternate Relationship Plans*	624 (2004)	824 (2006)
4.b Number of post-graduate medical education seats	886 (2004-05)	955 (2005-06)
4.c Number of health workforce practitioners	46,700 (2003)	47,868 (2006)
4.d Proportion of Albertans who have a family doctor	84% (2004)	86% (2005)

Notes:

4.a Successful achievement of this measure will indicate that larger numbers of health services are being delivered to Albertans in models of collaborative, multidisciplinary and integrated practice.

* Alternate Relationship Plans are new physician compensation models that offer flexibility from volume driven fee-for-service payments. They support the greater use of multidisciplinary teams and other changes to improve overall patient care.

4.b Increasing the number of education seats for physicians should result in more licensed physicians. More physicians improve access to physician services and reduce wait times.

4.c Physicians, nurses (registered nurses, licensed practical nurses, registered psychiatric nurses), pharmacists and rehabilitation professionals (physiotherapy, occupational therapy, respiratory therapists) are included in this measure. Increasing the health workforce helps to reduce wait times and improve access to services.

4.d The proportion of Albertans who have a family doctor is rising and encompasses a solid majority of residents. A family doctor who knows his/her patients' history and health issues is in the best position to work with patients and their families to reduce the risk of disease and attain their health goals.

GOAL FIVE

5 Improved health service outcomes

What it means

Albertans expect the best possible care and outcomes when they use the health system. As part of its leadership and assurance role, the Ministry establishes quality standards for safety, accessibility and effective use of resources. This role also includes monitoring compliance. The Ministry continually updates standards and develops new initiatives in response to technological advances, demographic changes and other factors.

Strategies

5.1 Help Albertans with chronic health conditions (e.g., cancer, diabetes) maintain optimum health through appropriately managed and coordinated care including paid and voluntary support systems and networks.

5.2 Improve quality of continuing care services by:

- working with RHAs to address staffing issues and by increasing hours of client care in long-term care facilities; and
- using standardized tools to ensure quality care is provided (e.g., quality indicators, personal care plans).

5.3 Promote quality standards for health services, such as patient safety.

5.4 Strengthen the health system's capacity to prevent, monitor and report medical errors and hospital acquired infections.

5.5 Use information from the Health Quality Council of Alberta to assist in improving performance of Alberta's health system.

5.6 Initiate public reporting of outcome indicators for the key life-saving interventions of cardiac revascularization, kidney dialysis and transplants.

5.7 Pilot the transfer of ground ambulance funding and governance in the Palliser and Peace Country Health Regions for the purpose of determining whether the transfer province-wide is operationally and fiscally feasible.

Performance Measures	Last Actual (year)	Target (year)
5.a **Ambulatory Care Sensitive Conditions hospitalization rates***		
(per 100,000 age standardized population)	427 (2001-02)	400 (2005-06)
5.b **30-day heart attack survival rate for patients treated in hospital**		
(three-year average for data)	90% (1999-01)	92% (2003-05)
5.c **5-year cancer survival rate**		
Breast cancer survival rate (female rate only)	80% (1997-02)	88% (2002-07)
Colorectal cancer survival rate (male and female rates)	54% (1997-02)	60% (2002-07)

Notes:

5.a Albertans need to be assured that their health system is ready and able to treat those with chronic health conditions to maintain optimum health through appropriately managed and coordinated care.

* Reduced hospitalization rates for chronic conditions like asthma, diabetes, depression, hypertension, neurosis and alcohol and drug dependencies.

5.b Albertans expect the best care and outcomes whenever they use the health system. The 30-day survival rate for heart attacks is an appropriate measure of the quality of health care the system provides in its hospitals.

5.c Survival rates are important not only because they indicate the proportion of people who will be alive at a given point after they have been diagnosed with cancer, but also because they may allow the effectiveness of cancer control programs to be evaluated.

Core Business Three: Lead and participate in continuous improvement in the health system

GOAL SIX 6

Health system efficiency, effectiveness and innovation

What it means Alberta's complex health system is challenged by continuous change, rising costs, steady growth and increased public expectations. Health system innovation can only be achieved in collaboration with stakeholders and the Alberta public, through an effective coordination of efforts and clear, timely communication.

Strategies

System Management

6.1 Continue to enhance and clarify the accountability relationships within the health system as public expectations evolve (e.g., Tri-lateral Master Agreement, regional health authority health plans, long-term care and surgical services contracts).

6.2 Lead the development of a policy framework and collaborate with health authorities and professional organizations on the development of a planning framework for the health system.

6.3 Provide leadership among stakeholders in ensuring data quality.

6.4 Work with key partners and stakeholders to enable Alberta's interests to be forefront in collaborative federal-provincial initiatives.

6.5 Organize an International Symposium on Health to profile best practices and innovative examples, which will allow for informed dialogue on health innovation.

6.6 Lead the Health Innovation and Wellness Cross-Ministry Initiative, which strengthens collaboration, integration and coordination across government ministries to enhance the sustainability of the public health system.

Innovation

6.7 Continue to implement health information technology to give clinicians drug, lab and diagnostic imaging data so they can provide quality patient care.

6.8 Change the majority of Alberta's diagnostic imaging services and equipment to filmless technologies to enable earlier diagnosis and reduce unnecessary duplication of diagnostic imaging procedures.

6.9 Implement the following systems:

- electronic systems within regions and physicians' offices to provide patient information to physicians at the point-of-care[4];
- electronic tracking and referral and patient tracking systems to streamline access to selected specialty services; and
- improve system access and security to minimize fraud and better identify eligible health service recipients.

6.10 Improve processes to decide whether to publicly fund new health care technologies and drugs.

[4] Point-of-care electronic systems refer to the availability of patient information directly at the patient treatment site. For example, when you see your family doctor, he/she has computer access to your file in each treatment room. Funded by the Physician Office System Program.

Performance Measures	Last Actual (year)	Target (year)
6.a **Public rating of health system overall**	65% (2004)	65% (2005)
6.b **Number of care providers accessing the Electronic Health Record**	1,600 (2004)	10,000 (2005)
6.c **Access to data:** Per cent of stakeholders reporting easy access to data available from Alberta Health and Wellness*	62% (2003-04)	85% (2005-06)

Notes:

6.a Albertans who receive health services are in a good position to report from their perspective on the quality of care they receive. Several factors may contribute to their judgments about quality service including timeliness, competence, safety, health outcomes and communication between patient and provider.

6.b This is a clinical health information network that links community physicians, pharmacists, hospitals and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions and lab tests. As more providers access the system, more consistent care and improved treatment decisions will result.

6.c Albertans want to know that stakeholders get the information they need to work effectively and efficiently, and to make the best decisions on how to improve the health system.

* A new data access model was implemented in October 2004 and a new measurement tool will be designed in 2005.

EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable 2003-04 Actual	Comparable 2004-05 Budget	Comparable 2004-05 Forecast	2005-06 Estimates	2006-07 Target	2007-08 Target
Advocate and Educate for Healthy Living	160,877	164,333	176,033	196,239	180,658	169,712
Provide Quality Health and Wellness Services	7,016,507	7,623,396	7,956,276	8,603,513	8,979,804	9,362,343
Lead and Participate in Continuous Improvement in the Health System	117,819	129,910	137,472	177,174	172,505	172,956
MINISTRY EXPENSE	7,295,203	7,917,639	8,269,781	8,976,926	9,332,967	9,705,011

MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable 2003-04 Actual	Comparable 2004-05 Budget	Comparable 2004-05 Forecast	2005-06 Estimates	2006-07 Target	2007-08 Target
REVENUE						
Internal Governmental Transfers	196,380	209,274	209,274	205,291	209,527	209,527
Transfers from Government of Canada:						
Canada Health and Social Transfer	1,136,440	-	-	-	-	-
Canada Health Transfer *	99,676	1,247,288	1,346,023	1,686,950	1,818,807	1,958,574
Wait Times Reduction	-	-	-	125,528	121,335	121,889
Diagnostic / Medical Equipment	49,585	49,640	99,736	49,690	-	-
Other	127,021	328,184	231,915	185,157	18,557	4,925
Premiums, Fees and Licences	963,529	950,999	922,888	898,810	911,931	925,249
Other Revenue	82,278	77,973	83,132	71,252	67,552	65,552
MINISTRY REVENUE	2,654,909	2,863,358	2,892,968	3,222,678	3,147,709	3,285,716
EXPENSE						
Program						
Regional Health Services	4,576,650	4,949,129	5,056,622	5,628,529	5,969,362	6,330,645
Accumulated Deficit Funding	-	-	92,507	-	-	-
Diagnostic/Medical Equipment	49,600	49,640	199,640	49,690	-	-
Total Regional Health Services	4,626,250	4,998,769	5,348,769	5,678,219	5,969,362	6,330,645
Physician Services	1,528,027	1,547,620	1,563,925	1,737,328	1,831,821	1,853,538
Non-Group Health Benefits	482,281	557,229	557,229	629,511	652,309	652,309
Allied Health Services	67,316	77,930	70,345	82,951	82,951	82,951
Protection, Promotion and Prevention	86,916	92,286	103,930	117,560	97,803	86,857
Human Tissue and Blood Services	122,488	130,000	130,000	137,000	137,000	137,000
Provincial Programs	131,620	215,729	189,359	240,708	208,565	208,104
Addiction Prevention and Treatment Services	61,001	66,157	66,213	74,324	78,560	78,560
Ministry Support Services	121,487	144,054	141,923	151,714	146,321	146,321
Information Technology	20,516	46,502	54,002	86,248	86,912	87,363
Health Care Insurance Premiums Revenue Write-Offs	46,723	41,363	44,086	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	578	-	-	-	-	-
MINISTRY EXPENSE	7,295,203	7,917,639	8,269,781	8,976,926	9,332,967	9,705,011
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
NET OPERATING RESULT	(4,640,294)	(5,054,281)	(5,376,813)	(5,754,248)	(6,185,258)	(6,419,295)

* Includes 2003-04 and 2004-05 amounts for the Health Reform Fund, which was included in the Canada Health Transfer effective April 1, 2005

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable 2003-04 Actual	Comparable 2004-05 Budget	Comparable 2004-05 Forecast	2005-06 Estimates	2006-07 Target	2007-08 Target
Ministry Revenue	2,654,909	2,863,358	2,892,968	3,222,678	3,147,709	3,285,716
Inter-ministry consolidation adjustments	(196,606)	(209,274)	(209,330)	(205,291)	(209,527)	(209,527)
Consolidated Revenue	2,458,303	2,654,084	2,683,638	3,017,387	2,938,182	3,076,189
Ministry Program Expense	7,295,203	7,917,639	8,269,781	8,976,926	9,332,967	9,705,011
Inter-ministry consolidation adjustments	(426)	(200)	(256)	(200)	(200)	(200)
Consolidated Program Expense	**7,294,777**	**7,917,439**	**8,269,525**	**8,976,726**	**9,332,767**	**9,704,811**
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(4,836,474)	(5,263,355)	(5,585,887)	(5,959,339)	(6,394,585)	(6,628,622)

CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable 2003-04 Actual	Comparable 2004-05 Budget	Comparable 2004-05 Forecast	2005-06 Estimates	2006-07 Target	2007-08 Target
Advocate and Educate for Healthy Living	24,120	26,730	29,799	31,353	31,778	31,778
Lead and Participate in Continuous Improvement in the Health System	13,126	39,888	39,888	42,270	51,610	38,610
MINISTRY CAPITAL INVESTMENT	37,246	66,618	69,687	73,623	83,388	70,388

CAPITAL INVESTMENT BY PROGAM

(thousands of dollars)

	Comparable 2003-04 Actual	Comparable 2004-05 Budget	Comparable 2004-05 Forecast	2005-06 Estimates	2006-07 Target	2007-08 Target
Protection, Promotion and Prevention	24,004	24,000	26,897	31,100	31,600	31,600
Addiction Prevention and Treatment Services	116	130	302	253	178	178
Ministry Support Services	-	630	630	920	-	-
Information Technology	13,126	41,858	41,858	41,350	51,610	38,610
MINISTRY CAPITAL INVESTMENT	37,246	66,618	69,687	73,623	83,388	70,388

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

BUSINESS PLAN 2005-08

The Alberta Alcohol and Drug Abuse Commission (AADAC) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund services addressing alcohol, other drug and gambling problems, and to conduct related research.

AADAC is an agency of the Government of Alberta reporting to the Minister of Health and Wellness. The Commission is governed by a Board of up to 12 members appointed by the Lieutenant Governor in Council. The Chair, Dave Rodney is a Member of the Legislative Assembly for Calgary - Lougheed. The Commission Board provides policy direction for AADAC's programs and services.

VISION

A healthy society that is free from the harmful effects of alcohol, other drugs and gambling.

MISSION

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling.

LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

AADAC is directly linked to government as part of the Ministry of Health and Wellness and is referenced in its Business Plan:

Goal 1: *Albertans make choices for healthier lifestyles.*

Strategy: *Ensure that addiction information, prevention and treatment is available province-wide.*

CORE BUSINESSES

Core Business 1: Information

Goal: To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

Core Business 2: Prevention

Goal: To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems.

Core Business 3: Treatment

Goal: To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

STRATEGIC PRIORITIES 2005-08

One of the pillars of the Government of Alberta's 20-year strategic plan, *Today's Opportunities, Tomorrow's Promise*, is to make Alberta the best place to live, work and visit. AADAC contributes to this vision by delivering responsive and affordable programs and services that promote healthy living. Through review of external and internal challenges, and in addition to AADAC's core activities, the Commission has identified the following strategic priorities for 2005-08.

1. Ensure the ongoing sustainability of addiction services across the province.
2. Continue to emphasize youth programs and services for women and families.
3. Enhance research and information services to support prevention and treatment programming.
4. Maintain a priority on tobacco reduction in Alberta.
5. Continue to support employee wellness initiatives.

CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

Core Business One: Information

GOAL ONE

To inform Albertans about alcohol, other drug and gambling issues and AADAC services

AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics, and are accessible on the AADAC website at www.aadac.com.

Performance Measures	Last Actual (2003-04)	Target 2005-06	Target 2006-07	Target 2007-08
1.a Percentage of Albertans who are aware of AADAC services.	89%	90%	90%	90%
1.b Percentage of women who are aware that alcohol use during pregnancy can lead to life-long disabilities in a child.	99%	99%	99%	99%

Core Business Two: Prevention

GOAL TWO

To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems

AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harms associated with substance abuse and problem gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

Performance Measures	Last Actual (2003-04)	Target 2005-06	Target 2006-07	Target 2007-08
2.a Prevalence of smoking among Alberta youth	14%	14%	13%	13%
2.b Prevalence of regular, heavy drinking among young Albertans.	31%	31%	30%	30%

Core Business Three: Treatment

GOAL THREE

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems

AADAC offers a broad continuum of treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems. Treatment is aimed at adults, youth, and their families who are displaying significant problems. Services include community-based outpatient counseling, day programs, crisis and detoxification services, short and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, Aboriginal Albertans, business and industry referrals, and persons with opiate dependency or cocaine addiction.

Performance Measures	Last Actual (2003-04)	Target 2005-06	Target 2006-07	Target 2007-08
3.a Percentage of clients who are satisfied with treatment services.	96%	95%	95%	95%
3.b Percentage of clients reporting they were improved following treatment.	93%	93%	93%	93%